Effective on 12/08/2004.	**Complete if Known**	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/519,011-Conf. #7235
# FEE TRANSMITTAL	Filing Date	August 5, 2005
	First Named Inventor	Andreas Boehm
## For FY 2009	Examiner Name	A. F. Dixon
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3771
TOTAL AMOUNT OF PAYMENT ($) 940.00	Attorney Docket No.	P0777.70000US00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account   Deposit Account Number:____23/2825____   Deposit Account Name:__Wolf, Greenfield & Sacks, P.C.__

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
_____ - 20 or HP = _____	x _____	= _____		**Fee ($)**	**Fee Paid ($)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 = _____	/50 = _____	(round **up** to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	130.00
1801 Request for continued examination (RCE) (see 37 ...	810.00

SUBMITTED BY

Signature	*William R. McClellan*	Registration No. (Attorney/Agent) 29,409	Telephone 617.646.8000
Name (Print/Type)	William R. McClellan		Date January 13, 2010

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